

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814
(916) 322-3141



March 19, 1982

ALL-COUNTY LETTER NO. 82-24

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IMPLEMENTATION OF REFUGEE RESETTLEMENT PROGRAM AND CUBAN/HAITIAN
ENTRANT PROGRAM CHANGES

REFERENCE: ALL-COUNTY LETTER 81-37, ALL-COUNTY INFORMATION NOTICE 57-81
DEPARTMENT OF SOCIAL SERVICES TELEGRAM NOVEMBER 24, 1981

This letter is being issued to provide counties with procedures for determining initial and continuing eligibility for applicants for or recipients of aid under the Refugee Cash Assistance (RCA) and Entrant Cash Assistance (ECA) components of the Refugee Resettlement and Cuban/Haitian Entrant Programs respectively.

BACKGROUND

In accordance with All-County Letter (ACL) 81-37, All-County Information Notice I-57-81 and Department of Social Services (DSS) Telegram of November 24, 1981, all RCA/ECA recipients who are otherwise eligible for Aid to Families with Dependent Children (AFDC) (federal or nonfederal) should by now have been converted to that program. DSS Telegram of November 24, 1981 stressed the urgency of accomplishing this conversion process in light of the anticipated federal policy change. If this has not been done in your county, action must be taken to accomplish all such conversions immediately, but no later than March 31, 1982.

The federal regulations as contained in 45 CFR Parts 400 and 401 change the assistance policy for refugee-funded and Cuban/Haitian funded cash and medical assistance effective April 1, 1982. These regulations 1) limit eligibility for the RCA and ECA programs to a refugee's/entrant's first 18 months of residence in the United States, 2) eliminate the \$30 and 1/3 earned income disregard, 3) enable counties who wish to do so to claim federal reimbursement, subject to the availability of funds, for General Assistance (GA) benefits provided to refugees/entrants during their second 18 months in the U.S., and 4) provide federal reimbursement, subject to the availability of funds, for Medi-Cal provided to refugees/entrants during their second 18 months in the U.S.

Unaccompanied minors are not subject to the 18-month time limitation provision of RCA and ECA, but remain eligible until they attain the age of majority, as established by AFDC regulations. At such time, eligibility shall be considered under the time limitation provision.

ACTION

18-Month Time Limitation (Effective 4/1/82)

As requested in DSS Telegram of January 22, 1982, all RCA cases and ECA cases which may be affected by the change in federal assistance policy should have been identified. This was necessary to ensure that individuals who are receiving RCA and ECA will not be assisted past the 18-month time eligibility limit. This will initially apply to those individuals that are now receiving RCA or ECA and entered the United States, as determined by Immigration and Naturalization Service (INS) documentation, on or before October 31, 1980. These individuals will be discontinued from cash assistance and cash based Medi-Cal effective April 1, 1982. Subsequent to this date, refugees/ entrants who reach their 18-month time eligibility limit will be discontinued from RCA/ECA on an ongoing monthly basis. The date of entry is to be based on information contained on INS Form I-94. If this form is not available, other pertinent INS documentation, such as INS Form I-151 or I-551, is to be used to determine this date. In those cases where there is a conflict between Form I-94 and other pertinent INS forms, the date of entry specified on Form I-94 shall be used.

Elimination of \$30 and 1/3 Disregard (Effective 4/1/82)

Also, effective April 1, 1982 the \$30 and 1/3 earned income disregard, as it applies to the AFDC Program (MPP Section 44-111.23), shall no longer be applied in computing the amount of the aid payment for time-eligible RCA cases and ECA cases.

NOTICE OF ACTION REQUIREMENTS

Counties are required to issue a Notice of Action in accordance with MPP Section 22-022.1 to RCA cases and ECA cases whose aid payment will be decreased or discontinued as a result of the new federal regulations. Requests for state hearings are applicable on any issue. If a request for a state hearing is filed prior to the effective date of the action, aid paid pending is appropriate.

The attached Notice of Action Form NA 991 (2/82) is to be used for all affected time-expired cases effective April 1, 1982. A camera-ready copy of this form was previously mailed to counties on January 28, 1982. This form has been revised to add a section to enable the county to show the aid payment computation. The revised version will be available from the DSS warehouse in approximately ten weeks. In the meantime, the form should be reproduced locally.

For purposes of the \$30 and 1/3 disregard, the attached Notice of Action Form TEMP 1517 (2/82) is to be used for those RCA cases and ECA cases whose aid payment will be decreased or discontinued as a result of the elimination of the \$30 and 1/3 disregard. This form will be available from the DSS warehouse in approximately ten weeks. In the meantime, the form should be reproduced locally.

Other language versions of Forms NA 991 and TEMP 1517 will be transmitted via ACIN under advance mailing as soon as possible. As the DSS warehouse only stocks English and Spanish language versions, the other translations will have to be reproduced locally.

Action taken on RCA cases and ECA cases may create distress for those refugees and entrants who are presently aided under the AFDC program, and who learn of this action. Information outlined under the "comments" section of Form NA 991 and TEMP 1517 should help alleviate this situation.

COUNTY GENERAL ASSISTANCE

Counties may wish to track cases identified as ineligible, due to the 18-month time limitation, for RCA or ECA for possible eligibility for county General Assistance/General Relief (GA). In some cases, one individual may become ineligible, while the other refugees/entrants remain eligible for continued RCA/ECA assistance. Information regarding GA eligibility shall not be included on Form NA 991 or Form TEMP 1517. However, a "stuffer" notice regarding GA Program eligibility may be mailed along with Form NA 991 and Form TEMP 1517.

If otherwise eligible, these refugees/entrants may be assisted under existing county GA programs during their second 18 months of residence in the United States. Counties may claim federal reimbursement, subject to the availability of funds, for assistance provided to these refugees and entrants under the GA programs. General Assistance provided to refugees/entrants during their second 18 months in the United States must be on the same basis as that which is available to the general indigent population, in order to qualify for federal reimbursement. This means that all GA program standards, payment standards and eligibility criteria used for non-refugees/non-entrants shall be the same for refugees and entrants. Federal financial participation is not available for "special" refugee or entrant GA programs.

Medi-Cal Eligibility


The State Department of Health Services (DHS) advises that, for those individuals who are discontinued from RCA/ECA as a result of the federal regulations rather than changes in circumstances, a Medically Indigent (MI) determination should be made and eligibility and share of cost should be determined under current Medi-Cal regulations. A new application is not required. It is the policy of DHS that all individuals previously meeting refugee/entrant status for purposes of determining eligibility to RCA/ECA will continue to meet eligibility requirements for Medi-Cal-Only purposes. DHS reporting requirements for refugees/entrants will be issued under separate letter.

Additional Information

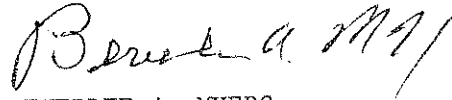
DSS has developed the attached flow chart to assist counties in their efforts to comply with the federal regulations. Statistical reporting and fiscal claiming and time study instructions will follow shortly.

If you have any questions regarding this letter, please contact your Office of Refugee Services (ORS) Program Consultant at (916) 322-3141. Fiscal claiming/time study questions should be directed to the Fiscal Policy and Procedures Bureau at (916) 445-7046. Please contact your Medi-Cal Program Consultant if you have questions regarding Department of Health Services' instructions.

Sincerely,



MARION J. WOODS
Director
Department of Social Services



BEVERLEE A. MYERS
Director
Department of Health Services

Attachments

Notice of Action

If you have questions or want more information about this notice, please contact your worker.

Case Name:
Case Number:
Worker:
Phone:
Date:

- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be decreased from \$ _____ to \$ _____ per month on the effective date shown below. Your aid payment is based on the number of persons in your household, and the following persons will be discontinued from cash assistance and cash based Medi-Cal effective _____. Persons: _____

Aid Payment Computation

Maximum Grant for _____	Persons _____
	Name _____
Special Needs Allowance _____	+ _____
Net Nonexempt Income _____	- _____
	- _____
	- _____
Subtotal _____	= _____
Overpayment Adjustment _____	- _____
Aid Payment _____	= _____

Net Nonexempt Income Computation

Total Earned Income _____
Standard Work Expense Disregard _____
Dependent Care Expense Disregard _____
Subtotal _____
Other Countable Income _____

Court Ordered Child Support Paid _____
Net Nonexempt Income _____

Name	Name	Name

- ☐ Your monthly aid payment and cash based Medi-Cal received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be discontinued effective _____.
- ☐ You will receive a separate Notice of Medi-Cal-Only eligibility.
- ☐ Other Medi-Cal Action: _____

Reason:

These changes are required by Federal regulations which limit refugee/entrant aid payments and cash based Medi-Cal eligibility to 18 months from the person's month and year of entry into the United States. It has been determined from a review of immigration documents that you or the persons named above will have exceeded this period of eligibility on the effective date shown above.

Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR parts 400 and 401; 45 CFR 205.10; California Administrative Code Title 22, Sections 50183(a)(3) and 50227.

Comments:

You or the persons discontinued may be eligible for further public assistance through other aid programs. Please contact your county welfare department for more information. Refugees/Entrants receiving aid payments under the AFDC Program are not affected by this notice or the 18-month eligibility limit.

State welfare regulations are available for review at the local office of the county welfare department.

Information about family planning services is available from the county welfare department on request.

State Hearing. If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of the action. Read the back for important information about your right to appeal this action.

Your Right to Appeal This Action

If you are dissatisfied with the action described on the other side or any other county action, you may request a state hearing before a Hearing Officer of the State Department of Social Services. This hearing will be conducted in an informal manner to assure that everyone present is able to speak freely. Your county worker can help you request a hearing. If you decide to request a hearing you must do so WITHIN 90 DAYS OF THE MAILING DATE OF THIS NOTICE.

FOOD STAMPS* AND CASH GRANT: If this action stops or reduces your food stamps or cash grant and you ask for a hearing before the effective date of the action, your benefits may continue unchanged under certain circumstances until the hearing or until you receive your hearing decision. Food Stamps will not continue past the end of your current certification period.

Authorized Representative

You can represent yourself at the state hearing. You can also be represented by a friend, attorney or any other person, but you are expected to arrange for the representative yourself. You can get help in locating free legal assistance by calling the toll-free number of Public Inquiry and Response.

How to Request a State Hearing

The best way to request a hearing is to fill in and send this entire notice to:

Office of the Chief Referee
State Department of Social Services
744 P Street, Mail Station 6-100
Sacramento, CA 95814

You may also request a hearing by calling the toll-free number of Public Inquiry and Response.

Public Inquiry and Response (Public Information)

Toll-Free Number: (800) 952-5253*

For the Deaf Only* TDD (800) 952-8349

*You may have to dial "1" first.

The State Public Inquiry and Response Unit can provide you with further information about your hearing rights or files or other welfare-related matters. Assistance is also available in some languages other than English, including Spanish. You may phone, write, or come in.

Public Inquiry and Response
State Department of Social Services
744 P Street, Mail Station 16-23
Sacramento, CA 95814

Request for a State Hearing

Name	Phone number		
Address		City	State
			Zip code

I am requesting a state hearing because of an action by the welfare department of _____ county related to my family's: ☐ Cash Grant ☐ Food Stamps ☐ Medi-Cal

Reasons for my request:

☐ I speak a language other than English and need an interpreter for my hearing. (The state will provide the interpreter at no cost to you.)

Language _____ Dialect _____

*Food Stamps: If any portion of food stamps provided to you while awaiting the hearing decision is determined to be an overissuance, the county may recover the value of the overissuance. If you want to avoid the possibility of such an overissuance, you may check the box below:

☐ I want my food stamps terminated or reduced to the new amount determined by the county until the hearing decision. If the hearing decision is in my favor, the county will make up the food stamps I lose as a result of checking this box.

Signature _____

Date _____

The information you provide on this form is needed to process your request for a hearing, and processing may be delayed if your request is incomplete. A case file will be set up by the Chief Referee. You have a right to examine the materials that make up the file and may do so by

contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority: W&IC 10950.

Notice of Action

If *you* have questions or want more information about this action, please contact your worker.

Case Name :
Case Number :
Worker :
Phone :
Date :

- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be decreased from \$_____ to \$_____ per month effective April 1, 1982, because the \$30 and 1/3 earned income disregard expires on that date. The aid payment computation is shown below.
- ☐ Your monthly aid payment received under the Refugee Resettlement Program or Cuban/Haitian Entrant Program will be discontinued effective April 1, 1982, because your estimated net nonexempt income of \$_____ for the next month equals or exceeds (leave if applicable) the total of your recurring special needs allowance and the needs standard (MBSAC) for _____ persons of \$_____. The aid payment computation is shown below.
- ☐ You will receive a separate notice of Medi-Cal-Only eligibility.
- ☐ Other Medi-Cal action: _____

Aid Payment Computation			Net Nonexempt Income Computation			NAME	NAME	NAME
Maximum Grant For _____	Persons _____		Total Earned Income					
Special Needs Allowance	NAME + _____		Standard Work Expense Disregard	-				
Nonexempt Income	_____ - _____		Dependent Care Expense Disregard	-				
	_____ - _____		Subtotal	=				
	_____ - _____		Other Countable Income _____	+				
Subtotal	= _____			+				
Overpayment Adjustment	- _____			+				
Aid Payment	= _____		Court Ordered Child Support Paid	-				
			Net Nonexempt Income	=				

Reason:

These changes are required by Federal regulations which eliminate the earned income disregard of \$30 and 1/3, which was allowed prior to April 1, 1982 in Refugee Cash Assistance and Entrant Cash Assistance cases.

Laws requiring this action:

Section 412 of the Refugee Act of 1980 (Public Law 96-212) or Section 501 of the Refugee Education Assistance Act of 1980 (Public Law 96-422), as implemented by 45 CFR Parts 400 and 401; MPP Section 44-207.1; California Administrative Code Title 22, Sections 50183 (a)(3) and 50227.

Comments:

If your aid payment was reduced, it means that a greater amount of earned income was considered in the calculation of your aid payment. The amount of your net nonexempt income for the month used to calculate your aid payment was still below the needs standard (MBSAC) for the size of your family.

If your aid payment was discontinued, it means that your net nonexempt income for the month used to calculate your aid payment equaled or exceeded the needs standard (MBSAC) for the size of your family.

You may be eligible for further public assistance through other aid programs. Please contact your county welfare department for more information. Refugees/Entrants receiving aid payments under the AFDC Program are not affected by this notice.

State welfare regulations are available for review at the local office of the county welfare department.

Information about family planning is available from the county welfare department on request.

State Hearings: If you are dissatisfied with this action, your aid may continue unchanged if you ask for a State Hearing before the effective date of this action. Read the back for important information about your right to appeal this action.

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Request for a State Hearing

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Address _____		City _____	State _____ Zip code _____

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Reasons for my request: _____

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Dialect _____

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Signature _____

Date _____

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contacting Public Inquiry and Response. Any information you provide may be shared with the county welfare department, with the U.S. Department of Health and Human Services, or the U.S. Department of Agriculture. Authority: W&IC 10950.

FLOW CHART

Refugee/Entrant Cash Assistance Case —
Cash Grant Discontinuances
and Reductions as Implemented
by 45 CFR Parts 400 and 401

